

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES A LEAVENS
 Name
 (2) 36690 WHISPERING PINES RD
 Address (number and street)
NORTH FORT MYERS, FL 33917
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1191748]
 Submitted on:
 9/9/2019 11:04:03 (eastern)

Check here if address has changed

(3) ID Number: 1543

(4) Check appropriate box(es):

Candidate Office Sought: SHERIFF

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 5 / 1 / 2019 To 5 / 31 / 2019 Report Type: 19M5

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 3 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 3 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 26 , 291 . 20

(10) TOTAL Monetary Expenditures To Date

\$, 27 , 837 . 71

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JAMES A LEAVENS (2) I.D. Number 1543

(3) Cover Period 5/1/2019 through 5/31/2019 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JAMES A LEAVENS

(2) I.D. Number 1543

(3) Cover Period 5/1/2019 through 5/31/2019

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
5/31/2019 //	Bank, Suntrust PO Box 305183 Nashville, TN 37230-5183	bank fee	MO	Add	\$3.00
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